

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2							52			
3							53			
4		1					54			
5							55			
6	1						56			
7		1					57			
8	1						58			
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10	1						60			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			